County: Brown
GRANCARE NURSING CENTER
1555 DOUSMAN STREET
GREEN BAY 54303 GREEN BAY 54303 Phone: (920) 494-4525
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 75
Total Licensed Bed Capacity (12/31/00): 75
Number of Residents on 12/31/00: 61 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 68

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups		Less Than 1 Year 1 - 4 Years	27. 9 47. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	24. 6
Day Servi ces	No	Mental Illness (Org./Psy)	24. 6	65 - 74	3. 3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	26. 2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52 . 5	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	11. 5	95 & Over	18. 0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	14. 8		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	16. 4	65 & 0ver	100. 0	[
Transportation	No	Cerebrovascul ar	29. 5			RNs	14. 8
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	7. 5
Other Services	Yes	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	1.6	Male	18. 0	Aides & Orderlies	48. 7
Mentally Ill	No			Female	82 . 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manage	ed Care		Percent	
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	6		\$265. 92	28	96. 6	\$96. 37	Ŏ	0. 0	\$0.00	24	96. 0	\$129.50	Ĭ		\$199.00	59	96. 7%
Intermedi ate				1	3.4	\$79.06	0	0.0	\$0.00	1	4.0	\$129.50	0	0.0	\$0.00	2	3. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	6	100.0		29	100.0		0	0.0		25	100.0		1	100.0		61	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons,	Servi ces	s, and Activities as of 1	2/31/00
beachs builing kepoliting lellou		1		% Nee	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	3. 7	Daily Living (ADL)	Independent	One Or 7	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	8. 2		0. 3	11. 5	61
Other Nursing Homes	1.6	Dressi ng	8. 2		0. 3	11. 5	61
Acute Care Hospitals	93. 2	Transferring	16. 4		5. 4	8. 2	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	45. 9		0. 8	3. 3	61
Reĥabilitation Hospitals	0. 0	Eati ng	78. 7	11	1.5	9. 8	61
Other Locations	1. 6	* * * * * * * * * * * * * * * * * * *	******	*****	********	**********	******
Total Number of Admissions	191	Conti nence			ecial Trea		%
Percent Discharges To:		Indwelling Or Extern				Respiratory Care	8. 2
Private Home/No Home Health	39. 3	Occ/Freq. Incontinent				Tracheostomy Care	0. 0
Private Home/With Home Health	21. 9	Occ/Freq. Incontinen	t of Bowel	19. 7 I	Recei vi ng	Suctioning *	1. 6
Other Nursing Homes	2. 0	_				Ostomy Care	1. 6
Acute Care Hospitals	16. 3	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restraine	d	0. 0 I	Recei vi ng	Mechanically Altered Die	ts 18.0
Rehabilitation Hospitals	0. 5					·	
Other Locations	7. 1	Skin Care		0tl	ier Reside	ent Characteristics	
Deaths	12.8	With Pressure Sores			Have Advar	ice Directives	100. 0
Total Number of Discharges		With Rashes		3.3 Med	li cati ons		
(Including Deaths)	196			J	Recei vi ng	Psychoactive Drugs	26. 2
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	Thi s	Ownershi p: Propri etary			Si ze: - 99	Li ce Ski l	ensure:	Al 1	
	Facility		Peer Group		Peer Group		Group		ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 7	82. 5	1. 10	87. 3	1. 04	84. 1	1. 08	84. 5	1.07
Current Residents from In-County	96. 7	83. 3	1. 16	80. 3	1. 20	83. 5	1. 16	77. 5	1. 25
Admissions from In-County, Still Residing	8. 4	19. 9	0. 42	21. 1	0.40	22. 9	0. 37	21. 5	0.39
Admissions/Average Daily Census	280. 9	170. 1	1. 65	141. 8	1. 98	134. 3	2.09	124. 3	2. 26
Discharges/Average Daily Census	288. 2	170. 7	1. 69	143. 0	2.02	135. 6	2. 12	126. 1	2. 29
Discharges To Private Residence/Average Daily Census	176. 5	70. 8	2. 49	59. 4	2.97	53. 6	3. 29	49. 9	3. 54
Residents Receiving Skilled Care	96. 7	91. 2	1.06	88. 3	1. 10	90. 1	1.07	83. 3	1. 16
Residents Aged 65 and Older	100	93. 7	1. 07	95. 8	1.04	92. 7	1. 08	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	47. 5	62. 6	0. 76	57. 8	0. 82	63. 5	0. 75	69. 0	0. 69
Private Pay Funded Residents	41.0	24. 4	1. 68	33. 2	1. 23	27. 0	1. 52	22. 6	1.81
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	24. 6	30. 6	0.80	32. 6	0. 75	37. 3	0. 66	33. 3	0.74
General Medical Service Residents	1.6	19. 9	0. 08	19. 2	0. 09	19. 2	0. 09	18. 4	0.09
Impaired ADL (Mean)	39. 3	48. 6	0.81	48. 3	0. 82	49. 7	0. 79	49. 4	0.80
Psychological Problems	26. 2	47. 2	0. 56	47. 4	0. 55	50. 7	0. 52	50. 1	0. 52
Nursing Care Required (Mean)	4. 9	6. 2	0. 80	6. 1	0.81	6. 4	0. 76	7. 2	0.69